

FILED AUG 27 1956
51525-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26834**
Registrar's No. **3219**

BIRTH NO. 8494		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3219		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Queen of the World Hospital				e. STREET ADDRESS (If rural, give location) 17 904 Olive st 317 0				
3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) Crosby c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 7 24 1956					
5. SEX Male	6. COLOR OR RACE Negro 2	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH 7-12-1956		9. AGE (In years last birthday) Months Days --- -- 12	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 3 0 Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Joe B. Crosby			13b. MOTHER'S MAIDEN NAME Tennessee Walker		14. NAME OF HUSBAND OR WIFE Infant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tennessee Crosby 904 Olive K.C. Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24h
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 7-12- , 19 56 , to 7-24 , 19 56 , that I last saw the deceased alive on 7-24 , 19 56 , and that death occurred at 11:50P m. , from the causes and on the date stated above.								
23a. SIGNATURE Eugene P. Chatman M.D.				23b. ADDRESS 2202 1/2 E. 18th St.		23c. DATE SIGNED 7-26-56		
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 7-27-1956	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 7-27-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J. W. Jones 440 state ave K.C.K.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Eugene P. Chatman

Chatman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eugene English*.....

Licensed Embalmer No. *4408*

P. O. Address *4408 Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.